



TOWN OF SOUTH BETHANY
SEASONAL EMPLOYMENT

NAME: _____ S.S.#: _____

ADDRESS: _____

PHONE: _____

DRIVERS LICENSE #: _____

STATE OF ISSUE: _____

LIST PREVIOUS EMPLOYMENT/WORK EXPERIENCE:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES

_____ NO

SIGNATURE: _____

**Return Application To: Town of South Bethany
402 Evergreen Road
South Bethany, DE 19930
Email: townhall@southbethany.org**